

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): Chapter 11

☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy****06/22**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Artisan's Cabinetry and Woodworks, LLC**2. All other names debtor used in the last 8 years**Include any assumed names, trade names, and *doing business as names***3. Debtor's federal Employer Identification Number (EIN)**8 2 - 4 8 0 4 0 4 6**4. Debtor's address****Principal place of business****Mailing address, if different from principal place of business**2200 S. Church Street

Number Street

Georgetown, TX 78626

City State ZIP Code

Williamson

County

Number Street

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL) http://www.artisans-cw.com/**6. Type of debtor**☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

2 3 8 3**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

A debtor who is a "small business debtor" must check the first subbox. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No

☐ Yes. Debtor _____ Relationship _____
District _____ When _____
Case number, if known _____
MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard?

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number Street

City

State

ZIP Code

Is the property insured?☐ No

☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds?**

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- ☐ 1-49 ☒ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000
- ☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

15. Estimated assets

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☒ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures**WARNING --**

Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/09/2023
MM/ DD/ YYYY**X**/s/ Christopher Wallace

Signature of authorized representative of debtor

Christopher Wallace

Printed name

Title Managing Member**18. Signature of attorney****X**/s/ Kimberly Nash

Signature of attorney for debtor

Date 10/09/2023

MM/ DD/ YYYY

Kimberly Nash

Printed name

Law Office of Kimberly Nash P.C.

Firm name

Po Box 162932

Number Street

Austin

City

TX

State

78716-2932

ZIP Code

Contact phone

kimberly@kimberlynashlaw.com

Email address

24043840

Bar number

TX

State

Fill in this information to identify the case:

Debtor Name Artisan's Cabinetry and Woodworks, LLCUnited States Bankruptcy Court for the: Western District of Texas
(State)

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest**2. **Cash on hand**3. **Checking, savings, money market, or financial brokerage accounts** (*Identify all*)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Simmons BankChecking account0 1 2 2\$2,099.493.2. Wells Fargo #3508Checking account3 5 0 8\$26,533.204. **Other cash equivalents** (*Identify all*)

4.1 _____

4.2 _____

5. **Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$28,632.69**Part 2:** Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of debtor's interest7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1 _____

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

7.2 _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1 _____

8.2 _____

9. Total of Part 2

Add lines 7 through 8. Copy the total to line 81.

 Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes. Fill in the information below.

Current value of
debtor's interest**11. Accounts receivable**

11a. 90 days old or less:	<u>unknown</u>	-	<u>unknown</u>	=..... →	<u>\$168,546.72</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>\$56,454.28</u>	-	<u>unknown</u>	=..... →	<u>\$56,454.28</u>
	face amount		doubtful or uncollectible accounts		

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$225,001.00**Part 4:** Investments**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the information below.

Valuation method used
for current valueCurrent value of
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1 _____

14.2 _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of
ownership:

15.1. _____

15.2. _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

16.1 _____

16.2 _____

17. **Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

Part 5: Inventory, excluding agriculture assets18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
<u>Paints and Stains</u>	_____	<u>unknown</u>	<u>Debtor</u>	<u>\$35,965.00</u>
	MM / DD / YYYY			
<u>Storage Unit S.A. stores parts</u>	_____	<u>unknown</u>		<u>\$1,500.00</u>
	MM / DD / YYYY			
20. Work in progress				
<u>Production House \$6,018.16, Painted doors in production \$3,300</u>	_____	<u>unknown</u>	<u>Debtor</u>	<u>\$9,318.16</u>
	MM / DD / YYYY			
21. Finished goods, including goods held for resale				
_____	_____	_____	_____	_____
	MM / DD / YYYY			
22. Other inventory or supplies				
<u>Supplies: primers, sealers, thinners, clear coats, rags, sandpaper</u>	_____	<u>unknown</u>	<u>Debtor</u>	<u>\$350.00</u>
	MM / DD / YYYY			

23. **Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

<u>\$47,133.16</u>

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
- ☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

28. Crops—either planted or harvested

--	--	--	--

29. Farm animals *Examples:* Livestock, poultry, farm-raised fish

--	--	--	--

30. Farm machinery and equipment (Other than titled motor vehicles)

--	--	--	--

31. Farm and fishing supplies, chemicals, and feed

--	--	--	--

32. Other farming and fishing-related property not already listed in Part 6

--	--	--	--

33. Total of Part 6

Add lines 28 through 32. Copy the total to line 85.

--

34. Is the debtor a member of an agricultural cooperative?

- ☒ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☒ No
- ☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
<u>4 Desk Chairs</u>	unknown	Debtor	\$150.00
<u>2 Desk</u>	unknown	Debtor	\$250.00
40. Office fixtures			
<u>PAINT SPRAY BOOTH, APPROXIMATELY 24' X 12',</u>	unknown		\$5,000.00
41. Office equipment, including all computer equipment and communication systems equipment and software			
<u>EZ PAINT EXHAUST SYSTEMS</u>	unknown		\$6,000.00
<u>DANTHERM FILTRATION DUST COLLECTOR</u>	unknown		\$7,150.00
<u>LOT SUPPORT EQUIPMENT THROUGHOUT TO INCLUDE: HAND TOOLS, POWER TOOLS, PAINT SPRAY EQUIPMENT, FANS, PALLET RACKS, WAREHOUSE EQUIPMENT, OFFICE EQUIPMENT, COMPUTER HARDWARE, ETC.</u>	unknown		\$10,000.00
<u>CLARK FORKLIFT, MODEL GCX20</u>	unknown		\$3,000.00
<u>NISSAN FORKLIFT</u>	unknown		\$500.00
<u>DAEWOO GC15 FORKLIFT</u>	unknown		\$2,500.00
<u>HP Server/Workstation</u>	unknown	Debtor	\$300.00
<u>Dell Laptop</u>	unknown	Debtor	\$200.00
<u>UNIQUE MACHINE & TOOL COMPANY 4500 SHAPE & SAND, MODEL 4522, SERIAL NUMBER 0156064522</u>	unknown		\$18,900.00
<u>RFS PROTECH SLANT GLUER, MODEL 3648</u>	unknown		\$7,200.00
<u>TIMESAVER SERIES 2300 BELT SANDER, 3-HEAD</u>	unknown		\$10,700.00
<u>FERRARI A MATIC POWER ROUTER</u>	unknown		\$2,500.00
<u>2 x JAMES L TAYLOR CLAMP TABLES, MODEL 79K-8-DDC</u>	unknown		\$8,000.00
<u>NORTHTECH INDUSTRIAL MACHINE CHOP SAW, MODEL NT-CS14L-53, SERIAL NUMBER 060121 (2006)</u>	unknown		\$3,250.00
<u>GRIZZLEY DUST COLLECTOR, 2 BAG, 3 HP, SERIAL NUMBER 8805838</u>	unknown		\$450.00
<u>HOLZHER 1260 PANEL SAW, SERIAL NUMBER 5006598 (2006)</u>	unknown		\$6,750.00
<u>HUSKY AIR COMPRESSOR, 60 GALLON , 3.7 HP</u>	unknown		\$425.00
<u>HOLZHER PRIMUS 1436 S EDGE BANDER</u>	unknown		\$7,500.00
<u>KAESER AIRCENTER AS20T, SERIAL NUMBER 1272 (2007)</u>	unknown		\$5,600.00
<u>KOMO SOLUTION VR510TG CNC ROUTER, SERIAL NUMBER 56101-06 (2006) WITH TRAVAINI PUMPS USA, GE FANUC CONTROL</u>	unknown		\$37,100.00

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

KOMO VR512 MACH ONE CNC ROUTER, SERIAL NUMBER
30848-03-01-00 (2000) WITH INDUSTRIAL VACUUM PUMP, GE
FANUC CONTROLSunknown\$15,000.00SAW STOP TABLE SAWunknown\$1,500.00UNIQUE MACHINE & TOOL COMPANY COPING MACHINE,
MODEL 265-2, SERIAL NUMBER 0121060265-iunknown\$2,800.00UNIQUE MACHINE & TOOL COMPANY STILE MACHINE,
MODEL 318HISV, SERIAL NUMBER 0228060318HIunknown\$7,850.00RAZORGAGE UPCUT SAWunknown\$11,250.00UNIQUE GLUE CLAMPunknown\$1,425.00DIEHL RIP SAW, MODEL ESL30, SERIAL NUMBER
06M-6-839-6255unknown\$9,600.00UNIQUE MACHINE & TOOL COMPANY FRAME ASSEMBLY,
MODEL 82, SERIAL NUMBER 0556050073unknown\$2,500.00RITTER POCKET HOLE MACHINE, MODEL R201T, SERIAL
NUMBER 111 (2008)unknown\$850.00DEWALT RADIAL ARM SAW, MODEL DW713unknown\$150.00GRIZZLEY G0513 VERTICAL BAND SAW, 17"unknown\$750.00KAESAR AIR COMPRESSOR, MODEL TB19, SERIAL NUMBER
1620unknown\$3,700.00BOSCH RA1171 ROUTERunknown\$100.00DEWALT RADIAL ARM SAW, MODEL DW715unknown\$125.00RIDGID DRILL PRESS, MODEL DP15501, SERIAL NUMBER
AM035021710unknown\$250.00COL-MET EZ HEAT & CUR INFRARED OVENunknown\$20,350.00(3) 2021 Lenovo Idea Pad Laptopunknown\$2,547.00(6) 2021 HP Monitor VH240Aunknown\$1,200.00Commercial Paint Gunsunknown\$10,816.00Conveyor Beltunknown\$8,803.91

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

42.1 _____

42.2 _____

42.3 _____

43. **Total of Part 7**

Add lines 39 through 42. Copy the total to line 86.

\$244,991.91

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No☐ Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)		
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 <u>2007 Ford F150 / VIN: 1FTRF12277KD58088</u>	<u>unknown</u>	<u>Tx Dept of Motor Vehicles</u>	<u>\$2,100.00</u>
47.2 <u>2017 Hino 268A 26' Box Truck / VIN: 5PVNJ8JV6H4S63271</u>	<u>unknown</u>	<u>Debtor</u>	<u>\$20,000.00</u>
47.3 <u>2006 Mazda B2300 / VIN: 4F4YR12D56PM04126</u>	<u>unknown</u>	<u>Texas Dept. of Motor Vehicles</u>	<u>\$2,600.00</u>
47.4 <u>2006 Chevrolet EXPRESS G1500 / VIN: 1GCFG15X261162510</u>	<u>unknown</u>	<u>Texas Dept. of Motor Vehicles</u>	<u>\$2,000.00</u>
47.5 <u>2004 Chevrolet G31 Box Truck 12' / VIN: 1GBJG314641224543</u>	<u>unknown</u>	<u>Debtor</u>	<u>\$10,000.00</u>
47.6 <u>2011 Chevrolet Box Truck 16; / VIN: 1GB3G3CB1172186</u>	<u>unknown</u>	<u>Debtor</u>	<u>\$10,000.00</u>
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	_____	_____	_____
48.2 _____	_____	_____	_____
49. Aircraft and accessories			
49.1 _____	_____	_____	_____
49.2 _____	_____	_____	_____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
_____	_____	_____	_____
51. Total of Part 8			\$46,700.00
Add lines 47 through 50. Copy the total to line 87.			

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 <u>Lease- No equitable Interest / 2200 S Church St 103 Georgetown, TX 78626-8093</u>	<u>Lease</u>	<u>unknown</u>		<u>\$0.00</u>

56. Total of Part 9

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
<u>Website and domain http://www.artisans-cw.com/</u>	<u>unknown</u>		<u>unknown</u>
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill			

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

66. **Total of Part 10**

Add lines 60 through 65. Copy the total to line 89.

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 11: All other assets70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest71. **Notes receivable**

Description (include name of obligor)

_____	_____	-	_____	= →	_____
	Total face amount		doubtful or uncollectible amount		

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

_____	Tax year	_____	_____
_____	Tax year	_____	_____
_____	Tax year	_____	_____

73. **Interests in insurance policies or annuities**

_____	_____
-------	-------

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

_____	_____
-------	-------

Nature of claim _____

Amount requested _____

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Nature of claim _____

Amount requested _____

76. **Trusts, equitable or future interests in property**77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*78. **Total of Part 11**

Add lines 71 through 77. Copy the total to line 90.

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**☒ No☐ Yes**Part 12:** Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$28,632.69</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u> </u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$225,001.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u> </u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$47,133.16</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u> </u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$244,991.91</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$46,700.00</u>	
88. Real property. <i>Copy line 56, Part 9.</i> →		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>unknown</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u> </u>	
91. Total. <i>Add lines 80 through 90 for each column.</i>91a.	<u>\$592,458.76</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		<u>\$592,458.76</u>

Fill in this information to identify the case:

Debtor name Artisan's Cabinetry and Woodworks, LLCUnited States Bankruptcy Court for the: Western District of Texas
(State)

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim

Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name

Globex Funding, LLC

Creditor's mailing address

2360 Lakewood Rd Ste 2Toms River, NJ 08755-1929

Creditor's email address, if known

Date debt was incurred 7/13/2023Last 4 digits of account number 2 7 2 3

Do multiple creditors have an interest in the same property?

- ☐ No
- ☒ Yes. Specify each creditor, including this creditor, and its relative priority.

For AR: 1) Hardwood Speciality Products; 2) LG Funding LLC; 3) Overton Funding LLC; 4) **Globex Funding, LLC**; 5) IOU Financial;
For AR: 1) Hardwood Speciality Products; 2) LG Funding LLC; 3) Overton Funding LLC; 4) **Globex Funding, LLC**; 5) IOU Financial

Describe debtor's property that is subject to a lien

AR, AR

Describe the lien

Merchant Cash Advance

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

\$79,754.45\$225,001.00

Remarks: Accounts receivable, cash, cash proceeds, accounts, chattle paper, equipment, gengeral intangibles, inventory, instruments related to the receipts, instruments related to the future receivables

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$568,323.65

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 1: Additional Page**Column A****Amount of claim**
Do not deduct the value
of collateral.**Column B****Value of collateral
that supports this
claim****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.****2.2 Creditor's name**Hardwood Speciality Products**Creditor's mailing address**Po Box 551Taylor, TX 76574-0551**Creditor's email address, if known**

**Date debt was
incurred** 5/23/2018**Last 4 digits of
account
number** **Do multiple creditors have an interest
in the same property?**☐ No☒ Yes. Have you already specified the
relative priority?☒ No. Specify each creditor, including
this creditor, and its relative
priority.For AR: 1) HardwoodSpeciality Products; 2) LGFunding LLC; 3) OvertonFunding LLC; 4) GlobexFunding, LLC; 5) IOUFinancial; For Wells Fargo#3508: 1) HardwoodSpeciality Products; 2) LGFunding LLC; 3) OvertonFunding LLC; For AR: 1)Hardwood SpecialityProducts; 2) LG Funding LLC;3) Overton Funding LLC; 4)Globex Funding, LLC; 5) IOUFinancial☐ Yes. The relative priority of creditors
is specified on lines _____**Describe debtor's property that is subject to a
lien**AR, Wells Fargo #3508, AR**Describe the lien**UCC 18-0018094182**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed\$77,244.68\$251,534.20**Remarks:** Secured: All Accounts/AR/Inventory, Work in Progress, Finished Goods, Equipment, Machinery, Furniture, Fixtures, and effects, contract and contract rights, general intangibles, and proceeds and products thereof, now or hereafter owned or acquired by Debtor, wherever located

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 1: Additional Page**Column A****Amount of claim**
Do not deduct the value
of collateral.**Column B****Value of collateral
that supports this
claim****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

2.3	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	IOU Financial	AR, AR	\$258,324.52	\$225,001.00
	Creditor's mailing address 600 Townpark Ln Nw Ste 100 Kennesaw, GA 30144-3736	Describe the lien Promissory Note		
	Creditor's email address, if known	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred <u>3/24/2023</u>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	Last 4 digits of account number <u>1 6 2 3</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>			
Remarks: Borrower's now owned or hereafter acquired, created or arising property, including any right, title or interest in or to property of any kind whatsoever whether real, personal or mixed, whether tangible or intangible including any property secured by a debt satisfied by the proceeds of this loan, in each case regardless of where such property may be located and whether such property may be in the possession of Borrower, Lender or third party. Any and all amounts owing to borrower now or in the future from any merchant processors processing charges made by customers of Borrower via credit card or debit card transaction and all other tangible and intangible personal property, including but not limited to (i) inventory, (ii) equipment (iii) investment property, including certificated and uncertificated securities, securities accounts, security entitlements, commodity contracts' ad commodity accounts, (iv) instruments, including promissory				

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 1: Additional Page*Column A***Amount of claim**Do not deduct the value
of collateral.*Column B***Value of collateral
that supports this
claim****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

2.4	Creditor's name <u>LG Funding LLC</u>	Describe debtor's property that is subject to a lien <u>AR, Wells Fargo #3508, AR</u>	<u>\$78,000.00</u>	<u>\$251,534.20</u>
	Creditor's mailing address <u>1218 Union St</u> <u>Brooklyn, NY 11225-1512</u>	Describe the lien <u>Merchant Cash Advance</u>		
	Creditor's email address, if known <u>submissions@lgfunding.com</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred <u>3/30/2023</u>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	Last 4 digits of account number <u>2 0 2 3</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1, 2.2</u>			
Remarks: All accounts, including without limitation, all deposits accounts, accounts receivable and other receivables, as those terms are defined by Article 9 of the UCC now or hereafter owned or acquired by any Seller, and all proceeds, as that term is defined by Article 9 of the UCC				

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 1: Additional Page**Column A****Amount of claim**
Do not deduct the value
of collateral.**Column B****Value of collateral
that supports this
claim****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

2.5 Creditor's name <u>Overton Funding LLC</u>	Describe debtor's property that is subject to a lien <u>AR, Wells Fargo #3508, AR</u>	<u>\$75,000.00</u>	<u>\$251,534.20</u>
Creditor's mailing address <u>2802 N 29th Ave</u> <u>Hollywood, FL 33020-1506</u>	Describe the lien <u>Merchant Cash Advance</u>		
Creditor's email address, if known <u>Underwriting@OvertonFundingLLC.com</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Date debt was incurred <u>6/9/2023</u>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Last 4 digits of account number <u>1 1 2 3</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1, 2.2</u>			
Remarks: Secured Party has purchased an interest in accounts and proceeds from Debtor, described as "receipts" in the agreement between Debtor and Secured Party, as a result, Secured Party has a security interest in such receipts. Receipts means all accounts receivable and payment rights arising out of or relating to for Merchant's sale or delivery of goods and/or services due to Debtor after the date of the agreement, whether paid directly by Merchant's customers or paid by others on Merchant's customers' behalves or as reimbursements. Debtor and Secured Party intend that the sale of Receipts is a sale and not an assignment for security. Secured Party has been granted a security interest in all accounts and proceeds			

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
David Fogel PC 1225 Franklin Ave Ste 522 Garden City, NY 11530-1753	Line 2. <u>1</u>	
Aubrey Thrasher 12 Powder Springs St Ste 240 Marietta, GA 30064-7205	Line 2. <u>3</u>	
Liberman & Klestzick Po Box 356 Cedarhurst, NY 11516-0356	Line 2. <u>4</u>	
Liberman & Klestzick Po Box 356 Cedarhurst, NY 11516-0356	Line 2. <u>5</u>	_____
_____ _____ _____	Line 2. ____	_____
_____ _____ _____	Line 2. ____	_____
_____ _____ _____	Line 2. ____	_____
_____ _____ _____	Line 2. ____	_____
_____ _____ _____	Line 2. ____	_____
_____ _____ _____	Line 2. ____	_____

Fill in this information to identify the case:

Debtor name Artisan's Cabinetry and Woodworks, LLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507)☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing addressAguirre Barajas, Jorge3011 Bull RunTaylor, TX 76574

Date or dates debt was incurred

9/23Last 4 digits of account
number _____Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Remarks: Net Pay due 9-18-23 to 10-7-23

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the Claim:

Wages

Is the claim subject to offset?

☒ No☐ Yes

Total claim

\$1,226.40

Priority amount

\$1,226.40**2.2** Priority creditor's name and mailing addressBasulto, Angel604 Martin Luther King Jr StGeorgetown, TX 78626-5545

Date or dates debt was incurred

9/23Last 4 digits of account
number _____Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Remarks: Net Pay 9-18-23 10-7-23

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the Claim:

Wages

Is the claim subject to offset?

☒ No☐ Yes\$1,606.78\$1,606.78

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 1: Additional Page

2.3 Priority creditor's name and mailing address <u>Cardoza, Anthony</u> <u>3708 Rocky Hollow Trl A</u> <u>Georgetown, TX 78628-0456</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number ____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-23	As of the petition filing date, the claim is: <u>\$2,124.61</u> <u>\$2,124.61</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.4 Priority creditor's name and mailing address <u>Carrillo, Adam</u> <u>2313 Butler Way</u> <u>Round Rock, TX 78665-4667</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number ____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023	As of the petition filing date, the claim is: <u>\$3,432.27</u> <u>\$3,432.27</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.5 Priority creditor's name and mailing address <u>Castro, Elvis</u> <u>24803 Catalan Clf</u> <u>San Antonio, TX 78261-2440</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number ____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023 \$3092.76 Insurance refund \$895.02	As of the petition filing date, the claim is: <u>\$3,987.78</u> <u>\$3,987.78</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 1: Additional Page

2.6 Priority creditor's name and mailing address <u>Chacon, Brianna M</u> <u>24803 Catalan Clf</u> <u>San Antonio, TX 78261-2440</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number ____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023	As of the petition filing date, the claim is: <u>\$1,696.28</u> <u>\$1,696.28</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.7 Priority creditor's name and mailing address <u>Comptroller of Public Accounts</u> <u>C/O Office of the Attorney General</u> <u>Bankruptcy Collection Division MC-008</u> <u>PO Box 12548</u> <u>Austin, TX 78711-2548</u> Date or dates debt was incurred <u>5/1/2023</u> Last 4 digits of account number ____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u>	As of the petition filing date, the claim is: <u>\$21,000.00</u> <u>\$21,000.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Franchise Tax 2022</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.8 Priority creditor's name and mailing address <u>Crow, Cody W</u> <u>2325 County Road 127</u> <u>Georgetown, TX 78626-2442</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number ____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-15-23 to 9-29-23 \$244.93 Insurance premiums June-Sept \$895.02	As of the petition filing date, the claim is: <u>\$1,139.95</u> <u>\$1,139.95</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 1: Additional Page

2.9 Priority creditor's name and mailing address <u>Dockens, Meagan A</u> <u>1104 Morning Glory Cir</u> <u>New Braunfels, TX 78130-8056</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023 \$3165.83 Insurance premiums June-Sept \$1796.90	As of the petition filing date, the claim is: <u>\$4,962.73</u> <u>\$4,962.73</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.10 Priority creditor's name and mailing address <u>Duarte, Primitivo</u> <u>7216 Bethune Ave B</u> <u>Austin, TX 78752</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023 \$968.48 Insurance premiums June-Sept \$895.02	As of the petition filing date, the claim is: <u>\$1,863.50</u> <u>\$1,863.50</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.11 Priority creditor's name and mailing address <u>Flores, Pedro S</u> <u>1304 W Jackson St</u> <u>Bartlett, TX 76511-4070</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-15 to 9-29	As of the petition filing date, the claim is: <u>\$807.07</u> <u>\$807.07</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 1: Additional Page

2.12	Priority creditor's name and mailing address <u>Garcia, Eddie B</u> <u>508 E 20th St</u> <u>Georgetown, TX 78626-8037</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023	As of the petition filing date, the claim is: <u>\$1,018.39</u> <u>\$1,018.39</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.13	Priority creditor's name and mailing address <u>Garcia, Gabriel</u> <u>736 W Clark St</u> <u>Bartlett, TX 76511-4214</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023	As of the petition filing date, the claim is: <u>\$2,020.94</u> <u>\$2,020.94</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.14	Priority creditor's name and mailing address <u>Garcia, Magdalena</u> <u>201 Highland Dr Apt 622</u> <u>Taylor, TX 76574-1850</u> Date or dates debt was incurred <u>6/1/2023</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Health insurance premiums deducted from check from June-Sept. <u>\$767.16</u>	As of the petition filing date, the claim is: <u>\$767.16</u> <u>\$767.16</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages--Health insurance preimums</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 1: Additional Page

2.15 Priority creditor's name and mailing address <u>Gonzalez Peres, Reno</u> <u>1001 Quail Valley Dr Apt 7201</u> <u>Georgetown, TX 78626-8083</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number ____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023	As of the petition filing date, the claim is: <u>\$710.27</u> <u>\$710.27</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.16 Priority creditor's name and mailing address <u>Grewe, James</u> <u>235 Eland Dr</u> <u>San Antonio, TX 78213-3963</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number ____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023	As of the petition filing date, the claim is: <u>\$924.79</u> <u>\$924.79</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.17 Priority creditor's name and mailing address <u>Hernandez Rojas, Humberto</u> <u>2200 Tower Dr</u> <u>Georgetown, TX 78626-7900</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number ____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023 Insurance premiums June-Sept \$895.02	As of the petition filing date, the claim is: <u>\$1,338.11</u> <u>\$1,338.11</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 1: Additional Page

2.18 Priority creditor's name and mailing address <u>Hernandez, Andy</u> <u>2200 Tower Dr</u> <u>Georgetown, TX 78626-7900</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023	As of the petition filing date, the claim is: <u>\$1,000.38</u> <u>\$1,000.38</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.19 Priority creditor's name and mailing address <u>Herrera, Fernando</u> <u>512 Simon St</u> <u>Taylor, TX 76574-4363</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023 \$1040.30 Health Insurance Premiums due \$895.02	As of the petition filing date, the claim is: <u>\$1,935.32</u> <u>\$1,935.32</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.20 Priority creditor's name and mailing address <u>Internal Revenue Service</u> <u>Centralized Insolvency Operation</u> <u>PO Box 7346</u> <u>Philadelphia, PA 19101</u> Date or dates debt was incurred <u>12/31/2023</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u>	As of the petition filing date, the claim is: <u>\$35,600.00</u> <u>\$35,600.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Federal Payroll Tax 2023</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 1: Additional Page

2.21 Priority creditor's name and mailing address <u>Internal Revenue Service</u> <u>Centralized Insolvency Operation</u> <u>PO Box 7346</u> <u>Philadelphia, PA 19101</u> Date or dates debt was incurred <u>12/31/2021</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u>	As of the petition filing date, the claim is: <u>\$93,861.00</u> <u>\$93,861.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Federal ERTC Amend 2021</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.22 Priority creditor's name and mailing address <u>Internal Revenue Service</u> <u>Centralized Insolvency Operation</u> <u>PO Box 7346</u> <u>Philadelphia, PA 19101</u> Date or dates debt was incurred <u>12/31/2020</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u>	As of the petition filing date, the claim is: <u>\$28,064.00</u> <u>\$28,064.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Federal ERTC Amend 2020</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.23 Priority creditor's name and mailing address <u>Jimenez, William M</u> <u>1807 Holly Springs Dr</u> <u>Taylor, TX 76574-1771</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023	As of the petition filing date, the claim is: <u>\$2,480.75</u> <u>\$2,480.75</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 1: Additional Page

2.24	Priority creditor's name and mailing address <u>Juan-Huesca, Omar</u> <u>500 Big Sur Trl</u> <u>Taylor, TX 76574-7048</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023	As of the petition filing date, the claim is: <u>\$646.99</u> <u>\$646.99</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.25	Priority creditor's name and mailing address <u>Juan-Huesca, Oscar</u> <u>2803 Tyler Ln</u> <u>Taylor, TX 76574-5350</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023	As of the petition filing date, the claim is: <u>\$648.89</u> <u>\$648.89</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.26	Priority creditor's name and mailing address <u>Lainez W, Jose</u> <u>1007 Kajon Cv</u> <u>Georgetown, TX 78626-4625</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023	As of the petition filing date, the claim is: <u>\$2,028.68</u> <u>\$2,028.68</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 1: Additional Page

2.27 Priority creditor's name and mailing address <u>Lainez Zavala, Roger A</u> <u>1809 Rustlers Rd</u> <u>Round Rock, TX 78681-1981</u> Date or dates debt was incurred <u>9/23/23</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023	As of the petition filing date, the claim is: <u>\$2,254.29</u> <u>\$2,254.29</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.28 Priority creditor's name and mailing address <u>Lay, Toby C</u> <u>905 N 10th St</u> <u>Temple, TX 76501-2649</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023 \$402.55 Insurance premiums June-Sept \$1,525.10	As of the petition filing date, the claim is: <u>\$1,927.65</u> <u>\$1,927.65</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.29 Priority creditor's name and mailing address <u>Luna, Jr., Alfonso R</u> <u>Po Box 563</u> <u>Granger, TX 76530-0563</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023 \$1534.82 Insurance premiums June-Sept \$895.02	As of the petition filing date, the claim is: <u>\$2,429.84</u> <u>\$2,429.84</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 1: Additional Page

2.30 Priority creditor's name and mailing address <u>Martinez Peres, Carlos</u> <u>604 Martin Luther King Jr St</u> <u>Georgetown, TX 78626-5545</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023	As of the petition filing date, the claim is: <u>\$1,134.53</u> <u>\$1,134.53</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.31 Priority creditor's name and mailing address <u>Mendoza, Jr., Julian C</u> <u>116 Willow Dr</u> <u>Hutto, TX 78634-3081</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023	As of the petition filing date, the claim is: <u>\$3,340.83</u> <u>\$3,340.83</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.32 Priority creditor's name and mailing address <u>Meyer, Christopher T</u> <u>4114 Belle Grove St</u> <u>San Antonio, TX 78230-1604</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023 \$534.39 Insurance premiums June-Sept \$895.02	As of the petition filing date, the claim is: <u>\$1,429.41</u> <u>\$1,429.41</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 1: Additional Page

2.33 Priority creditor's name and mailing address <u>Nellis, Glenn F</u> <u>1019 Burkett St C</u> <u>Taylor, TX 76574-3343</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023	As of the petition filing date, the claim is: <u>\$2,795.69</u> <u>\$2,795.69</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.34 Priority creditor's name and mailing address <u>Perry, Connie A</u> <u>1316 Town Center Dr Apt 2833</u> <u>Pflugerville, TX 78660-7301</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023 \$1105.29 Insurance premiums June-Sept \$895.02	As of the petition filing date, the claim is: <u>\$2,000.31</u> <u>\$2,000.31</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.35 Priority creditor's name and mailing address <u>Rodriguez, Paul L</u> <u>1103 Vance St A</u> <u>Taylor, TX 76574-2919</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023 \$894.83 Insurance premiums June-Sept \$895.02	As of the petition filing date, the claim is: <u>\$1,789.85</u> <u>\$1,789.85</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 1: Additional Page

2.36 Priority creditor's name and mailing address <u>Sanchez Rojas, Fernando</u> <u>1001 Quail Valley Dr Apt 7201</u> <u>Georgetown, TX 78626-8083</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number ____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023	As of the petition filing date, the claim is: <u>\$1,538.30</u> <u>\$1,538.30</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.37 Priority creditor's name and mailing address <u>Torres, Gerard</u> <u>1001 Quail Valley Dr Apt 2202</u> <u>Georgetown, TX 78626-8073</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number ____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023	As of the petition filing date, the claim is: <u>\$864.59</u> <u>\$864.59</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.38 Priority creditor's name and mailing address <u>Turcios Navarro, Jorge A</u> <u>113 Ronald Rd</u> <u>Georgetown, TX 78626-7652</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number ____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: Net Pay 9-18-23 to 10-7-2023 \$1550.69 Insurance premiums June-Sept \$575.37	As of the petition filing date, the claim is: <u>\$2,126.06</u> <u>\$2,126.06</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 1: Additional Page

2.39	Priority creditor's name and mailing address <u>Villalobos, Jr., Arthur</u> <u>610 Elliott St</u> <u>Taylor, TX 76574-3749</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) Remarks: Net Pay 9-18-23 to 10-7-2023 \$2,416.26 Insurance premiums June-Sept \$895.02	As of the petition filing date, the claim is: <u>\$3,311.28</u> <u>\$3,311.28</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.40	Priority creditor's name and mailing address <u>Wallace, Christopher B</u> <u>906 W Lake Dr</u> <u>Taylor, TX 76574-1521</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) Remarks: Net Pay 9-18-23 to 10-7-2023 \$3638.85 Insurance premiums June-Sept \$895.02	As of the petition filing date, the claim is: <u>\$4,533.87</u> <u>\$4,533.87</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.41	Priority creditor's name and mailing address <u>Whistler, Joan L</u> <u>115 Eagle Point Dr</u> <u>Kingsland, TX 78639-4443</u> Date or dates debt was incurred <u>9/23</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) Remarks: Net Pay 9-18-23 to 10-7-2023	As of the petition filing date, the claim is: <u>\$2,242.60</u> <u>\$2,242.60</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC

Name

Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing addressAction Lift3010 CoRd 175Leander, TX 78641

Date or dates debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

☒ No☐ Yes\$10,703.46**3.2** Nonpriority creditor's name and mailing addressAlva Advance LLC300 Arthur Godfrey Rd Ste 201aMiami Beach, FL 33140-3627Date or dates debt was incurred 7/13/2023

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: Merchant Cash Advance

Is the claim subject to offset?

☒ No☐ Yes\$104,590.00**Remarks:**

All accounts including without limitation, all deposit accounts, AR, and other receivables, as those terms are defined by Article 9 of the UCC. All proceeds, as that term is defined by Art 9 of the UCC.

3.3 Nonpriority creditor's name and mailing addressAmerican ExpressPo Box 981535El Paso, TX 79998-1535

Date or dates debt was incurred _____

Last 4 digits of account number a c e _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: Credit Card

Is the claim subject to offset?

☒ No☐ Yes\$70,000.00**3.4** Nonpriority creditor's name and mailing addressAmerican Express200 Vesey StreetNew York, NY 10285

Date or dates debt was incurred _____

Last 4 digits of account number 1 0 0 6

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: Credit Card - Platinum

Is the claim subject to offset?

☒ No☐ Yes\$70,000.00

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 2: Additional Page

3.5 Nonpriority creditor's name and mailing address <u>American Express</u> <u>200 Vesey Street</u> <u>New York, NY 10285</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>3 0 0 1</u>	As of the petition filing date, the claim is: <u>\$70,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card - Gold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6 Nonpriority creditor's name and mailing address <u>Brazos Forest</u> <u>600B Industrial Blvd</u> <u>Austin, TX 78745</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <u>\$39,369.97</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7 Nonpriority creditor's name and mailing address <u>Capital One</u> <u>P.O Box 30285</u> <u>Salt Lake City, UT 84130</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>9 2 5</u> <u> </u>	As of the petition filing date, the claim is: <u>\$19,272.97</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8 Nonpriority creditor's name and mailing address <u>Central Texas Mobility Authority</u> <u>3300 N Interstate 35 Frontage Rd 300</u> <u>Austin, TX 78705</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <u>\$2,500.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Tolls</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 2: Additional Page

3.9 Nonpriority creditor's name and mailing address <u>Christopher Wallace</u> <u>Po Box 551</u> <u>Taylor, TX 76574-0551</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$250,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed ?? Purchase and COVID Basis for the claim: <u>Loan Inflation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10 Nonpriority creditor's name and mailing address <u>CHTD Company</u> <u>Po Box 2576</u> <u>Springfield, IL 62708-2576</u> Date or dates debt was incurred <u>10/09/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>UCC 21-0044682249</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11 Nonpriority creditor's name and mailing address <u>Citibank N.A</u> <u>Po Box 6500</u> <u>Sioux Falls, SD 57117-6241</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>I a c e</u>	As of the petition filing date, the claim is: <u>\$8,800.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12 Nonpriority creditor's name and mailing address <u>Citibank N.A</u> <u>Po Box 6500</u> <u>Sioux Falls, SD 57117-6241</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>I a c e</u>	As of the petition filing date, the claim is: <u>\$14,212.20</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 2: Additional Page

3.13 Nonpriority creditor's name and mailing address <u>Corporation Service Company</u> <u>P.O. Box 2576</u> <u>Springfield, IL 62708</u> Date or dates debt was incurred <u>8/16/23 8/22/23</u> Last 4 digits of account number <u>1 8 2 3</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UCC 23-0035969259</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14 Nonpriority creditor's name and mailing address <u>CT Corporation</u> <u>330 N Brand Blvd Ste 700</u> <u>Glendale, CA 91203-2336</u> Date or dates debt was incurred <u>2/28/22</u> Last 4 digits of account number <u>0 5 0 2</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>UCC 22-0010110502</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15 Nonpriority creditor's name and mailing address <u>CT Corporation System</u> <u>2929 Allen Pkwy Ste 3300</u> <u>Houston, TX 77019-7112</u> Date or dates debt was incurred <u>3/15/23</u> Last 4 digits of account number <u>0 4 6 0</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <u>Merchant Cash Advance</u> Basis for the claim: <u>IOU</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16 Nonpriority creditor's name and mailing address <u>CT Corporation System</u> <u>330 N Brand Blvd Ste 700</u> <u>Glendale, CA 91203-2336</u> Date or dates debt was incurred <u>4/3/23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UCC 23-0014511431</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 2: Additional Page

3.17	Nonpriority creditor's name and mailing address <u>EBF Holdings/Everest Business Funding</u> <u>5 W 37th St # 1100</u> <u>New York, NY 10018-6222</u> Date or dates debt was incurred <u>5/24/23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>\$145,833.15</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchant Cash Advance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address <u>Evans Cabinet Doors</u> <u>308 W First St</u> <u>Brenham, TX 77833-3606</u> Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>\$68,983.58</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address <u>Hardware Resources</u> <u>4319 Marlana St</u> <u>Bossier City, LA 71111-7503</u> Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>\$10,530.92</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address <u>Lawrence Gabriel</u> <u>4007 Fm 979</u> <u>Cameron, TX 76520-5079</u> Date or dates debt was incurred <u>8/2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>\$20,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Personal Loan for payroll</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 2: Additional Page

3.21	Nonpriority creditor's name and mailing address <u>Lone Star Tool</u> <u>2544 Shell Rd</u> <u>Georgetown, TX 78628</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$7,140.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	Nonpriority creditor's name and mailing address <u>Lorraine Martinez</u> <u>906 W Lake Dr</u> <u>Taylor, TX 76574-1521</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$550,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>?? Purchase and COVID Loan Inflation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	Nonpriority creditor's name and mailing address <u>McKillican</u> <u>29 Cypress Blvd</u> <u>Round Rock, TX 78665-1002</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$5,144.48</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24	Nonpriority creditor's name and mailing address <u>Oakwood Business Funding LLC</u> <u>101 Chase Ave Ste 208</u> <u>Lakewood, NJ 08701-4762</u> Date or dates debt was incurred <u>6/30/2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$74,147.57</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchant Cash Advance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 2: Additional Page

3.25	Nonpriority creditor's name and mailing address <u>R.S. Hughes</u> <u>5666 Randolph Blvd</u> <u>San Antonio, TX 78233-6162</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$1,665.37</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26	Nonpriority creditor's name and mailing address <u>Raistone Purchasing LLC Serie XXXV UCC</u> <u>360 Madison Ave Floor 22</u> <u>New York, NY 10017</u> Date or dates debt was incurred <u>11/25/2022</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>UCC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27	Nonpriority creditor's name and mailing address <u>Rite Space Storage</u> <u>11520 Hero Way W</u> <u>Leander, TX 78641-3467</u> Date or dates debt was incurred <u>09/01/2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$2,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease Storage Unit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address <u>Sherwin Williams</u> <u>101 Prospect Ave Nw Ste 1650</u> <u>Cleveland, OH 44115-1093</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$43,613.23</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 2: Additional Page

3.29	Nonpriority creditor's name and mailing address <u>Simmons Bank</u> <u>4625 S National Ave</u> <u>Springfield, MO 65810-2772</u> Date or dates debt was incurred <u>3/29/2018</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <u>\$480,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SBA Laon</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address <u>Southwest Chase Visa</u> <u>PO Box 15298</u> <u>Wilmington, DE 19850-5298</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>4</u> <u>8</u> <u>9</u> <u>4</u>	As of the petition filing date, the claim is: <u>\$30,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31	Nonpriority creditor's name and mailing address <u>Suburban Propane</u> <u>2100 Old Airport Rd</u> <u>Georgetown, TX 78626-3600</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <u>\$193.10</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32	Nonpriority creditor's name and mailing address <u>Texas Wood Supply</u> <u>2233 Nw Loop 410</u> <u>San Antonio, TX 78230-5308</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <u>\$25,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 2: Additional Page

3.33	Nonpriority creditor's name and mailing address <u>Texas Workforce Commission</u> <u>101 E 15th Street</u> <u>78778</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	Nonpriority creditor's name and mailing address <u>Voorwood</u> <u>2350 Barney Rd</u> <u>Anderson, CA 96007-4306</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$902.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Nonpriority creditor's name and mailing address <u>Wells Fargo Card Services</u> <u>P.O. Box 51193</u> <u>Los Angeles, CA 90051</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>I a c e</u>	As of the petition filing date, the claim is: <u>\$29,438.29</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Nonpriority creditor's name and mailing address <u>Wells Fargo Visa</u> <u>Po Box 51193</u> <u>Los Angeles, CA 90051-5493</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$29,438.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 2: Additional Page

3.37	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$4,657.98</u>
	<u>Wurth Louis and Company</u>	<i>Check all that apply.</i>	
	<u>3023 Interstate Dr</u>	<input type="checkbox"/> Contingent	
	<u>San Antonio, TX 78219-1708</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Artisan's Cabinetry and Woodworks, LLC

Name

Case number (if known) _____

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 Berkovitch & Bouskila PLLC 1545 Route 202 # 101 Pomona, NY 10970-2951	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain _____	<u>t e r y</u>
4.2 Rapid Ruling 14 Penn Plz Ste 1315 New York, NY 10122-1390	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain _____	<u>t e r y</u>
4.3 Simmon Bank 16610 Interstate 45 S Conroe, TX 77384-4130	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.4 Small Business Administration 2120 Riverfront Drive 100 Little Rock, AR 72202	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.5 US Attorney- Civil Process Clerk (IRS) 601 Nw Loop 410 Ste 600 San Antonio, TX 78216-5512	Line <u>2.20</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.6 US Attorney- Civil Process Clerk (IRS) 601 Nw Loop 410 Ste 600 San Antonio, TX 78216-5512	Line <u>2.21</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.7 US Attorney- Civil Process Clerk (IRS) 601 Nw Loop 410 Ste 600 San Antonio, TX 78216-5512	Line <u>2.22</u> <input type="checkbox"/> Not listed. Explain _____	_____

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**5a. \$250,612.145b. **Total claims from Part 2**5b. **+** \$2,188,136.775c. **Total of Parts 1 and 2**
Lines 5a + 5b = 5c.5c. \$2,438,748.91

Fill in this information to identify the case:

Debtor name Artisan's Cabinetry and Woodworks, LLC

United States Bankruptcy Court for the:

Western District of TexasCase number (if known): _____ Chapter 11☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Commercial Lease</u>	<u>Church Street Building LTD</u>
		<u>Contract to be ASSUMED</u>	<u>Todd Routh</u>
	State the term remaining	<u>60 months</u>	<u>11701 Bee Caves Rd 262</u>
	List the contract number of any government contract		<u>Austin, TX 78738</u>
2.2	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name Artisan's Cabinetry and Woodworks, LLC

United States Bankruptcy Court for the: Western District of Texas
(State)

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Artisan's Cabinetry and Woodworks, LLC
Name

Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.6	<div>Street</div> <div></div> <div>CityStateZIP Code</div>	<div></div>	<div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>

Fill in this information to identify the case:

Debtor name Artisan's Cabinetry and Woodworks, LLC

United States Bankruptcy Court for the:

Western District of TexasCase number (if known): _____ Chapter 11☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1:** Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real Property:**Copy line 88 from *Schedule A/B*.....\$0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*.....\$592,458.76**1c. Total of all property:**Copy line 92 from *Schedule A/B*.....\$592,458.76**Part 2:** Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....\$568,323.65**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....\$250,612.14**3b. Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....**+** \$2,188,136.77**4. Total liabilities**.....

Lines 2 + 3a + 3b

\$3,007,072.56

Fill in this information to identify the case:

Debtor name Artisan's Cabinetry and Woodworks, LLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue

Check all that apply

Gross revenue

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2023 to Filing date
MM/ DD/ YYYY☒ Operating a business\$3,100,000.00☐ Other _____

For prior year:

From 01/01/2022 to 12/31/2022
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$6,138,446.00☐ Other _____

For the year before that:

From 01/01/2021 to 12/31/2021
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$4,250,899.00☐ Other _____**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None**Description of sources of revenue****Gross revenue from each source**

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2023 to Filing date
MM/ DD/ YYYY

For prior year:

From 01/01/2022 to 12/31/2022
MM/ DD/ YYYY MM/ DD/ YYYY

For the year before that:

From 01/01/2021 to 12/31/2021
MM/ DD/ YYYY MM/ DD/ YYYY

Case number (if known)

Debtor Artisan's Cabinetry and Woodworks, LLC

Case number (if known) _____

Name _____

3.6. Overton 07/07/2023 \$23,200.00
 Creditor's name
 _____ 09/14/2023
 Street _____ 07/21/2023
 _____ 07/28/2023
 City _____ State _____ ZIP Code _____

- ☐ Secured debt
☒ Unsecured loan repayments
☐ Suppliers or vendors
☐ Services
☐ Other _____

3.7. Globex Funding, LLC 07/18/2023 \$12,490.00
 Creditor's name
2360 Lakewood Rd Ste 2 07/19/2023
 Street _____ 07/20/2023
 _____ 07/21/2023
Toms River, NJ 08755-1929
 City _____ State _____ ZIP Code _____

- ☐ Secured debt
☒ Unsecured loan repayments
☐ Suppliers or vendors
☐ Services
☐ Other _____

07/24/2023
07/25/2023
07/26/2023
07/27/2023
07/28/2023
07/31/2023

3.8. Alva Advance 07/19/2023 \$30,365.01
 Creditor's name
 _____ 07/20/2023
 Street _____ 07/21/2023
 _____ 07/24/2023
 City _____ State _____ ZIP Code _____

- ☒ Secured debt
☐ Unsecured loan repayments
☐ Suppliers or vendors
☐ Services
☐ Other _____

07/25/2023
07/26/2023
07/27/2023
07/28/2023
07/31/2023

3.9. American Express 7/23 \$39,791.00
 Creditor's name
200 Vesey Street
 Street _____

New York, NY 10285
 City _____ State _____ ZIP Code _____

- ☐ Secured debt
☒ Unsecured loan repayments
☐ Suppliers or vendors
☐ Services
☐ Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Debtor Artisan's Cabinetry and Woodworks, LLC

Case number (if known) _____

Name _____

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ Creditor's name	_____	_____	_____
_____	_____	_____	_____
Street _____	_____	_____	_____
_____	_____	_____	_____
City State ZIP Code			
Relationship to debtor _____			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
5.1. _____ Creditor's name	_____	_____	_____

Street _____			

City State ZIP Code			

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
6.1. _____ Creditor's name	_____	_____	_____
_____	XXXX- _ _ _ _		
Street _____			

City State ZIP Code			

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Debtor Artisan's Cabinetry and Woodworks, LLC

Case number (if known)

7.1.	Case title	Nature of case	Court or agency's name and address	Status of case
	Globex Funding LLC v. Artisan's Cabinetry and Woodworks and Christopher Wallace	Debt Collection	Supreme Court of the State of New York County of Kings Name 360 Adams St Street Brooklyn, NY 11201 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number 524522/2023			

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

8.1.	Custodian's name and address	Description of the property	Value
	Custodian's name Street City State ZIP Code	Case title Case number Date of order or assignment	Court name and address Name Street City State ZIP Code

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

9.1.	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
	Recipient's name Street City State ZIP Code Recipient's relationship to debtor			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Debtor

Artisan's Cabinetry and Woodworks, LLC

Case number (if known)

Name

Description of the property lost and how the loss occurred

Amount of payments received for the loss

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (*Schedule A/B: Assets – Real and Personal Property*).

Date of loss

Value of property lost

10.1.

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

11.1.

Who was paid or who received the transfer?

If not money, describe any property transferred

Dates

Total amount or value

KVC GROUP, LLC d/b/a NATIONAL CREDIT PARTNERS,

Address

Fee

08/25/2023

\$5,400.00

Street

City

State

ZIP Code

Email or website address

Who made the payment, if not debtor?

Debtor

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.

Name of trust or device

Describe any property transferred

Dates transfers were made

Total amount or value

Trustee

Name

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

13.1.	Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
<div>Address</div> <div>Street</div> <div>CityStateZIP Code</div> <div>Relationship to debtor</div>				

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

14.1.	Address	Dates of occupancy
	Street	FromTo
	CityStateZIP Code	

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
—diagnosing or treating injury, deformity, or disease, or
—providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Artisan's Cabinetry and Woodworks, LLC

Name

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1.

Facility name

Street

City State ZIP Code

Location where patient records are maintained(if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

☐ Electronically

☐ Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☒ No.

☐ Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

☐ No

☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☒ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

☐ No. Go to Part 10.

☐ Yes. Fill in below:

Name of plan

Employer identification number of the plan

EIN: _ _ - _ _ _ _ _

Has the plan been terminated?

☐ No

☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial institution name and address

Last 4 digits of account number

Type of account

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

18.1

Name

Street

City State ZIP Code

XXXX- _ _ _ _

☐ Checking

☐ Savings

☐ Money market

☐ Brokerage

☐ Other

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

19.1	Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Name			<input type="checkbox"/> No
	Street			<input type="checkbox"/> Yes
	City State ZIP Code	Address		

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

20.1	Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	AAA Alliance Self Storage		ASAP parts and service, exchange,	<input type="checkbox"/> No
	6335 Camp Bullis Rd		and storage \$1500.00	<input checked="" type="checkbox"/> Yes
	San Antonio, TX 78257-9720	Address		
	City State ZIP Code			
20.2	Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Rite Space Storage		Storage Unit--empty \$0.00	<input checked="" type="checkbox"/> No
	11520 Hero Way W			<input type="checkbox"/> Yes
	Leander, TX 78641-3467	Address		
	City State ZIP Code			

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			
Street			
City State ZIP Code			

Name

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
	Name		<input type="checkbox"/> Pending
Case number	Street		<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
	City State ZIP Code		

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

24. Has the debtor notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Artisan's Cabinetry and Woodworks, LLC
Name

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name Street City State ZIP Code		EIN: _ _ - _ _ _ _ _ Dates business existed From _ _ _ _ _ To _ _ _ _ _

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. A Balanced Income Name 1808 Burr Parkway Street Leander, TX 78641 City State ZIP Code	From 2018 To present
26a.2. ACW Employee Name 115 Eagle Point Dr Street Kingsland, TX 78639-4443 City State ZIP Code	From 2018 To present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address	Dates of service
26b.1. Name Street City State ZIP Code	From _ _ _ _ _ To _ _ _ _ _

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Artisan's Cabinetry and Woodworks, LLC

Name

Name and address

If any books of account and records are unavailable, explain why

26c.1.

Name

Street

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

26d.1.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

Name and address of the person who has possession of inventory records

27.1.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name

Address

Position and nature of any interest

% of interest, if any

Christopher Wallace

Po Box 551 Taylor, TX 76574-0551

Managing Member/President, Owner

100.00%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name

Address

Position and nature of any interest

Period during which position or interest was held

Name

From _____
 To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1.

Name

Street

City State ZIP Code

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _ _ - _ _ _ _ _

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _ _ - _ _ _ _ _

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/09/2023
 MM/ DD/ YYYY

X /s/ Christopher Wallace
 Signature of individual signing on behalf of the debtor

Printed name Christopher Wallace

Position or relationship to debtor Managing Member

23-10852-smr Doc#1 Filed 10/09/23 Entered 10/09/23 22:26:29 Main Document Pg 67 of 82

Debtor

Artisan's Cabinetry and Woodworks, LLC

Name

Case number (if known)

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

Fill in this information to identify the case:

Debtor name Artisan's Cabinetry and Woodworks, LLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Alva Advance LLC 300 Arthur Godfrey Rd Ste 201a Miami Beach, FL 33140-3627	(603) 460-5379 accountant@alvaadvance.com	Merchant Cash Advance				\$104,590.00
2	American Express Po Box 981535 El Paso, TX 79998-1535		Credit Card				\$70,000.00
3	American Express 200 Vesey Street New York, NY 10285		Credit Card - Platinum				\$70,000.00
4	American Express 200 Vesey Street New York, NY 10285		Credit Card - Gold				\$70,000.00
5	Brazos Forest 600B Industrial Blvd Austin, TX 78745						\$39,369.97
6	Comptroller of Public Accounts C/O Office of the Attorney General Bankruptcy Collection Division MC-008 PO Box 12548 Austin, TX 78711-2548		Franchise Tax 2022				\$21,000.00
7	EBF Holdings/Everest Business Funding 5 W 37th St # 1100 New York, NY 10018-6222		Merchant Cash Advance				\$145,833.15
8	Evans Cabinet Doors 308 W First St Brenham, TX 77833-3606						\$68,983.58

Debtor Artisan's Cabinetry and Woodworks, LLC

Case number (if known) _____

Name

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	Globex Funding , LLC 2360 Lakewood Rd Ste 2 Toms River, NJ 08755-1929		Merchant Cash Advance		\$79,754.45	\$225,001.00	\$58,464.93
10	Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101		Federal ERTC Amend 2021				\$93,861.00
11	Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101		Federal Payroll Tax 2023				\$35,600.00
12	Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101		Federal ERTC Amend 2020				\$28,064.00
13	IOU Financial 600 Townpark Ln Nw Ste 100 Kennesaw, GA 30144-3736		Promissory Note		\$258,324.52	\$225,001.00	\$258,324.52
14	Oakwood Business Funding LLC 101 Chase Ave Ste 208 Lakewood, NJ 08701-4762	(848) 373-6512	Merchant Cash Advance				\$74,147.57
15	Sherwin Williams 101 Prospect Ave Nw Ste 1650 Cleveland, OH 44115-1093						\$43,613.23
16	Simmons Bank 4625 S National Ave Springfield, MO 65810-2772		SBA Laon				\$480,000.00
17	Southwest Chase Visa PO Box 15298 Wilmington, DE 19850-5298		Credit Card				\$30,000.00
18	Texas Wood Supply 2233 Nw Loop 410 San Antonio, TX 78230-5308						\$25,000.00
19	Wells Fargo Card Services P.O. Box 51193 Los Angeles, CA 90051		Credit Card				\$29,438.29
20	Wells Fargo Visa Po Box 51193 Los Angeles, CA 90051-5493		Credit Card				\$29,438.00

**IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

IN RE: **Artisan's Cabinetry and Woodworks,
LLC**

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 10/09/2023

Signature /s/ Christopher Wallace
Christopher Wallace, Managing Member

Action Lift
3010 CoRd 175
Leander, TX 78641

Aguirre Barajas, Jorge
3011 Bull Run
Taylor, TX 76574

Alva Advance LLC
300 Arthur Godfrey Rd Ste 201a
Miami Beach, FL 33140-3627

American Express
Po Box 981535
El Paso, TX 79998-1535

American Express
200 Vesey Street
New York, NY 10285

Aubrey Thrasher
12 Powder Springs St Ste 240
Marietta, GA 30064-7205

Basulto, Angel
604 Martin Luther King Jr St
Georgetown, TX 78626-5545

Berkovitch & Bouskila PLLC
1545 Route 202 # 101
Pomona, NY 10970-2951

Brazos Forest
600B Industrial Blvd
Austin, TX 78745

Capital One
P.O Box 30285
Salt Lake City, UT 84130

Cardoza, Anthony
3708 Rocky Hollow Trl A
Georgetown, TX 78628-0456

Carrillo, Adam
2313 Butler Way
Round Rock, TX 78665-4667

Castro, Elvis
24803 Catalan Clf
San Antonio, TX 78261-2440

Central Texas Mobility
Authority
3300 N Interstate 35 Frontage Rd 300
Austin, TX 78705

Chacon, Brianna M
24803 Catalan Clf
San Antonio, TX 78261-2440

Christopher Wallace
Po Box 551
Taylor, TX 76574-0551

CHTD Company
Po Box 2576
Springfield, IL 62708-2576

Citibank N.A
Po Box 6500
Sioux Falls, SD 57117-6241

Comptroller of Public
Accounts
C/O Office of the Attorney General
Bankruptcy Collection Division MC-008
PO Box 12548
Austin, TX 78711-2548

Corporation Service Company
P.O. Box 2576
Springfield, IL 62708

Crow, Cody W
2325 County Road 127
Georgetown, TX 78626-2442

CT Corporation System
2929 Allen Pkwy Ste 3300
Houston, TX 77019-7112

CT Corporation System
330 N Brand Blvd Ste 700
Glendale, CA 91203-2336

David Fogel PC
1225 Franklin Ave Ste 522
Garden City, NY 11530-1753

Dockens, Meagan A
1104 Morning Glory Cir
New Braunfels, TX 78130-8056

Duarte, Primitivo
7216 Bethune Ave B
Austin, TX 78752

EBF Holdings/Everest
Business Funding
5 W 37th St # 1100
New York, NY 10018-6222

Evans Cabinet Doors
308 W First St
Brenham, TX 77833-3606

Flores, Pedro S
1304 W Jackson St
Bartlett, TX 76511-4070

Garcia, Eddie B
508 E 20th St
Georgetown, TX 78626-8037

Garcia, Gabriel
736 W Clark St
Bartlett, TX 76511-4214

Garcia, Magdalena
201 Highland Dr Apt 622
Taylor, TX 76574-1850

Globex Funding , LLC
2360 Lakewood Rd Ste 2
Toms River, NJ 08755-1929

Gonzalez Peres, Reno
1001 Quail Valley Dr Apt 7201
Georgetown, TX 78626-8083

Grewe, James
235 Eland Dr
San Antonio, TX 78213-3963

Hardware Resources
4319 Marlena St
Bossier City, LA 71111-7503

Hardwood Specality Products
Po Box 551
Taylor, TX 76574-0551

Hernandez Rojas, Humberto
2200 Tower Dr
Georgetown, TX 78626-7900

Hernandez, Andy
2200 Tower Dr
Georgetown, TX 78626-7900

Herrera, Fernando
512 Simon St
Taylor, TX 76574-4363

Internal Revenue Service
Centralized Insolvency Operation
PO Box 7346
Philadelphia, PA 19101

IOU Financial
600 Townpark Ln Nw Ste 100
Kennesaw, GA 30144-3736

Jimenez, William M
1807 Holly Springs Dr
Taylor, TX 76574-1771

Juan-Huesca, Omar
500 Big Sur Trl
Taylor, TX 76574-7048

Juan-Huesca, Oscar
2803 Tyler Ln
Taylor, TX 76574-5350

Lainez W, Jose
1007 Kajon Cv
Georgetown, TX 78626-4625

Lainez Zavala, Roger A
1809 Rustlers Rd
Round Rock, TX 78681-1981

Lawrence Gabriel
4007 Fm 979
Cameron, TX 76520-5079

Lay, Toby C
905 N 10th St
Temple, TX 76501-2649

LG Funding LLC
1218 Union St
Brooklyn, NY 11225-1512

Liberman & Klestzick
Po Box 356
Cedarhurst, NY 11516-0356

Lone Star Tool
2544 Shell Rd
Georgetown, TX 78628

Lorraine Martinez
906 W Lake Dr
Taylor, TX 76574-1521

Luna, Jr., Alfonso R
Po Box 563
Granger, TX 76530-0563

Martinez Peres, Carlos
604 Martin Luther King Jr St
Georgetown, TX 78626-5545

McKillican
29 Cypress Blvd
Round Rock, TX 78665-1002

Mendoza, Jr., Julian C
116 Willow Dr
Hutto, TX 78634-3081

Meyer, Christopher T
4114 Belle Grove St
San Antonio, TX 78230-1604

Nellis, Glenn F
1019 Burkett St C
Taylor, TX 76574-3343

Oakwood Business Funding
LLC
101 Chase Ave Ste 208
Lakewood, NJ 08701-4762

Overton Funding LLC
2802 N 29th Ave
Hollywood, FL 33020-1506

Perry, Connie A
1316 Town Center Dr Apt 2833
Pflugerville, TX 78660-7301

R.S. Hughes
5666 Randolph Blvd
San Antonio, TX 78233-6162

Raistone Purchasing LLC Serie
XXXV UCC
360 Madison Ave Floor 22
New York, NY 10017

Rapid Ruling
14 Penn Plz Ste 1315
New York, NY 10122-1390

Rite Space Storage
11520 Hero Way W
Leander, TX 78641-3467

Rodriguez, Paul L
1103 Vance St A
Taylor, TX 76574-2919

Sanchez Rojas, Fernando
1001 Quail Valley Dr Apt 7201
Georgetown, TX 78626-8083

Sherwin Williams
101 Prospect Ave Nw Ste 1650
Cleveland, OH 44115-1093

Simmon Bank
16610 Interstate 45 S
Conroe, TX 77384-4130

Simmons Bank
4625 S National Ave
Springfield, MO 65810-2772

Small Business
Administration
2120 Riverfront Drive 100
Little Rock, AR 72202

Southwest Chase Visa
PO Box 15298
Wilmington, DE 19850-5298

Suburban Propane
2100 Old Airport Rd
Georgetown, TX 78626-3600

Texas Wood Supply
2233 Nw Loop 410
San Antonio, TX 78230-5308

Texas Workforce Commission
101 E 15th Street
78778

Torres, Gerard
1001 Quail Valley Dr Apt 2202
Georgetown, TX 78626-8073

Turcios Navarro, Jorge A
113 Ronald Rd
Georgetown, TX 78626-7652

United States Trustee AU12
903 San Jacinto Blvd 230
Austin, TX 78701-2450

US Attorney- Civil Process
Clerk (IRS)
601 Nw Loop 410 Ste 600
San Antonio, TX 78216-5512

Villalobos, Jr., Arthur
610 Elliott St
Taylor, TX 76574-3749

Voorwood
2350 Barney Rd
Anderson, CA 96007-4306

Wallace, Christopher B
906 W Lake Dr
Taylor, TX 76574-1521

Wells Fargo Card Services
P.O. Box 51193
Los Angeles, CA 90051

Wells Fargo Visa
Po Box 51193
Los Angeles, CA 90051-5493

Whistler, Joan L
115 Eagle Point Dr
Kingsland, TX 78639-4443

Wurth Louis and Company
3023 Interstate Dr
San Antonio, TX 78219-1708

Fill in this information to identify the case:

Debtor name Artisan's Cabinetry and Woodworks, LLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/09/2023
MM/ DD/ YYYY

X/s/ Christopher Wallace

Signature of individual signing on behalf of debtor

Christopher Wallace

Printed name

Managing Member

Position or relationship to debtor